

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000003155 (8)**

1. Corporation Name

ASSOCIATION OF ANABAPTIST RISK MANAGEMENT, INC.



Principal Place of Business

Mailing Address

2160 LINCOLN HWY.. EAST
BOX 6
LANCASTER PA 17602-1150

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BOX 6
LANCASTER PA 17602-1150

3. Date Incorporated or Qualified
06/16/1994

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
23-2717962

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARNOLD, MARK
2033 WOOD ST.
SUITE 200
SARASOTA FL 34236**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent; and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	STYAN, BRENT M	
STREET ADDRESS	27 KNOLLWOOD DR	
CITY-ST-ZIP	AKRON PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STOESZ, EDGAR	
STREET ADDRESS	929 BROAD ST.	
CITY-ST-ZIP	AKRON PA 17501	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LANGEMAN, KEN	
STREET ADDRESS	21 S. 12TH ST.	
CITY-ST-ZIP	AKRON PA 17501	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSENBERGER, HENRY	
STREET ADDRESS	RT. 113, BOX 86	
CITY-ST-ZIP	BLOOMING GLEN PA 18911	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WITTER, PAUL E	
STREET ADDRESS	214 RT. 152	
CITY-ST-ZIP	PERKASIE PA 18944	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ROBERT W	
STREET ADDRESS	RT. 73, P.O. BOX 498	
CITY-ST-ZIP	FREDERICK PA 19435	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brent M. Styan*

Brent M. Styan

2/2/96

(717) 2937840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)